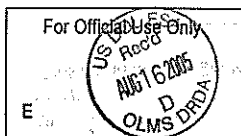


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



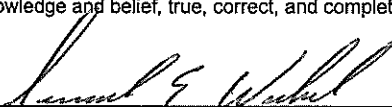
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>7232</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Gerald</u> <u>E</u> <u>Weikel</u> P.O. Box, Bldg., Room No., if any <u></u> Street <u>8957-D Edmonston Road</u> City <u>Greenbelt</u> State <u>Maryland</u> ZIP Code + 4 <u>20770-4052</u>	4. Name, file number, and address of labor organization. Name <u>G.C.I.U. Local 144-B</u> Labor Organization File Number <u>063515</u> P.O. Box, Building and Room Number, if any <u></u> Street <u>8957-D Edmonston Road</u> City <u>Greenbelt</u> State <u>Maryland</u> ZIP Code + 4 <u>20770-4052</u>
5. Position in labor organization. <u>President</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u></u> Trade Name, if any: <u></u> P.O. Box, Bldg., Room No., if any <u></u> Street <u></u> City <u></u> State <u></u> ZIP Code + 4 <u></u>	7.a. Nature of Interest, Transaction, or Income. <u></u> 7.b. Amount. <u></u>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u></u>	On <u>8/12/2005</u> Date	<u>301-220-3444</u> Telephone Number

Name of Person Filing Gerald Weikel

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Graphic Arts Industry Joint Pension Trust

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 950

Street 1900 L Street, N.W.

City Washington

State District of Columbia ZIP Code + 4 20036-5007

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Graphic Arts Industry Joint Pension Trust

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 950

Street 1900 L Street, N.W.

City Washington

State District of Columbia ZIP Code + 4 20036-5007

11.a. Nature of such dealing.

Mr. Gerald E. Weikel is a Trustee of the Fund.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Mr. Gerald E. Weikel received reimbursement for or payment by the Fund of air fare, travel, lodging and meals, lawfully incurred in attending Trustee meetings.

12.b. Amount.

\$1,649

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐or Consultant ☐

?

14.b. Amount of payment.

Name of Person Filing Gerald Weikel

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Graphic Arts Industry Joint Pension Trust

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 950

Street 1900 L Street, N.W.

City Washington

State District of Columbia ZIP Code + 4 20036-5007

9. Business deals with:

☐ a. Labor Organization

☒ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Graphic Arts Industry Joint Pension Trust

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 950

Street 1900 L Street, N.W.

City Washington

State District of Columbia ZIP Code + 4 20036-5007

11.a. Nature of such dealing.

Mr. Gerald E. Weikel is a Trustee of the Fund.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Trustee dinner on 5/15/04.

12.b. Amount.

\$65

Part B Continuation Page

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8. Name and address of Business (including trade name, if any).

Name PIMCO Funds

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 300

Street 840 Newport Center Drive

City Newport Beach

State California ZIP Code + 4 92660

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Graphic Arts Industry Joint Pension Trust

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 950

Street 1900 L Street, N.W.

City Washington

State District of Columbia ZIP Code + 4 20036-5007

11.a. Nature of such dealing.

Investment Manager

11.b. Approximate dollar value of such dealing.

\$101,332

12.a. Nature of interest held or income received.

During a Trustees' meeting, PIMCO Funds hosted a dinner on 5/16/04.

12.b. Amount.

\$45

Name of Person Filing Gerald Weikel

File Number U-

Part B Continuation Page

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8. Name and address of Business (including trade name, if any).

Name WestLB Asset Management

Trade Name, if any:

P.O. Box, Bldg., Room No., if any 20th Floor

Street 5555 San Felipe

City Houston

State Texas ZIP Code + 4 77056-2723

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Graphic Arts Industry Joint Pension Trust

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 950

Street 1900 L Street, N.W.

City Washington

State District of Columbia ZIP Code + 4 20036-5007

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

11.a. Nature of such dealing.

Investment Manager

11.b. Approximate dollar value of such dealing.

\$63,365

12.a. Nature of interest held or income received.

During a Trustees' meeting, WestLB Asset Management hosted a dinner on 5/16/04.

12.b. Amount.

\$45

Name of Person Filing Gerald Weikel

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name The Clifton Group

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 309 Clifton Avenue

City Minneapolis

State Minnesota

ZIP Code + 4 55403

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Graphic Arts Industry Joint Pension Trust

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Suite 950

Street 1900 L Street, N.W.

City Washington

State District of Columbia

ZIP Code + 4 20036-5007

11.a. Nature of such dealing.

Investment Manager

11.b. Approximate dollar value of such dealing.

\$58,671

12.a. Nature of interest held or income received.

During a Trustees' meeting, The Clifton Group hosted a dinner on 5/16/04.

12.b. Amount.

\$45

Name of Person Filing Gerald Weikel

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Graphic Arts Industry Joint Pension Trust

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 950

Street 1900 L Street, N.W.

City Washington

State District of Columbia ZIP Code + 4 20036-5007

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Graphic Arts Industry Joint Pension Trust

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 950

Street 1900 L Street, N.W.

City Washington

State District of Columbia ZIP Code + 4 20036-5007

11.a. Nature of such dealing.

Mr. Gerald E. Weikel is a Trustee of the Fund.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Trustee dinner on 5/17/04.

12.b. Amount.

\$86

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Graphic Arts Industry Joint Pension Trust

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 950

Street 1900 L Street, N.W.

City Washington

State District of Columbia ZIP Code + 4 20036-5007

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Graphic Arts Industry Joint Pension Trust

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 950

Street 1900 L Street, N.W.

City Washington

State District of Columbia ZIP Code + 4 20036-5007

11.a. Nature of such dealing.

Mr. Gerald E. Weikel is a Trustee of the Fund.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Trustee dinner on 5/18/04.

12.b. Amount.

\$69

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Graphic Arts Industry Joint Pension Trust

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 950

Street 1900 L Street, N.W.

City Washington

State District of Columbia ZIP Code + 4 20036-5007

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Graphic Arts Industry Joint Pension Trust

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 950

Street 1900 L Street, N.W.

City Washington

State District of Columbia ZIP Code + 4 20036-5007

11.a. Nature of such dealing.

Mr. Gerald E. Weikel is a Trustee of the Fund

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Trustee lunch meeting on 7/12/04.

12.b. Amount.

\$73

Name of Person Filing Gerald Weikel

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name The Segal Company

Trade Name, if any:

P.O. Box, Bldg., Room No., if any P.O. Box 4059

Street Church Street

City New York

State New York

ZIP Code + 4 10261-4059

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name G.C.N. Health & Welfare Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 620

Street 60 Boulevard of the Allies

City Pittsburgh

State Pennsylvania

ZIP Code + 4 15222-1219

11.a. Nature of such dealing.

Actuary/Consultant

11.b. Approximate dollar value of such dealing.

\$248,182

12.a. Nature of interest held or income received.

Annual Meeting Hosted Reception November 11, 2004

12.b. Amount.

\$161